APPLICATION FOR SERVICES HELENA-WEST HELENA WATER UTILITIES

DATE:		
BILLING NAME:		DATE OF BIRTH:
		SS#
SERVICE ADDRESS:		HOME PHONE:
MAILING ADDRESS:		WORK PHONE:
		RENTER: RESIDENTIAL: OWNER:COMMERICAL:
PLACE OF EMPLOYMENT:		DATE TO BEGIN SERVICE:
NAME OF SPOUSE:		DEGIN SERVICE.
NAME OF RELATIVE:	RELATIONSHIP:	
ADDRESS:		
FOR OFFICE USE ONLY - PRO	OOF OF PICTURE ID	^^^^^
STATE ID#		
DRI LIC ID#	STATE OF ISSUE	EXPIRES
*** PICTURE ID – DRIVER'S LICENSE	OR STATE ISSUED ID – MUST VERIFY ID FROM PH	ото
RVS#	DATE ENTERED:	CLERK:
^^^^^		^^^^^
	60 th or 31 st day of the month. If it falls on a In the office by the 10 th of each month, reg	a weekend, they will be mailed on the ardless of the day of the week the 10 th falls
A drop box is provided for pay	ments. It is located at the front door of the	he Water Company Office.
	FOR THE BILL WHETHER YOU RI the month, call 870-572-6714 and we can	
	R'S WILL NOT BE ALLOWED EXTE	er will be disconnected on the 21 st day of ENSION OF ACCOUNT PAYMENT
A \$25.00 reconnect fee will be	charged for all services that are disconne	ected.
If bills are not paid, a letter wil amount owed will be turned ov	I be sent to the customer requesting payr ver for collection.	ment. If no payment is received, the
I have received a copy of the a	bove information.	
Customer Signature		